

**Conclusion:** The use of DES in our center is characterized by a small rate and a good compliance of the recommendations of the French Society of Cardiology. This strategy is associated with a low rate of restenosis at 2 years of follow-up.

**Keywords:** Angioplasty, Drug-eluting stent, clinical restenosis

## 047

### Gender difference in mortality after ST-segment elevation myocardial infarction in the Registre d'Infarctus Maine-Anjou (RIMA)

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**Background:** A greater mortality in women versus men in ST-segment elevation myocardial infarction (STEMI) is now well documented but remains unexplained.

**Methods:** We compared outcomes for STEMI in the "Registre d'Infarctus Maine-Anjou" (RIMA) from 2003 to 2009 between men and women.

**Results:** We analyzed data from 390 women (29%) and 962 men (71%) admitted for STEMI. Women were older,  $72.93 \pm 14.21$  versus  $61.70 \pm 14.14$  years old ( $p < 0.001$ ) and have more hypertension history (68.7% vs. 43.3%;  $p < 0.001$ ). Women received less percutaneous coronary intervention and thrombolysis than men, respectively 51.5% vs. 64.6% ( $p < 0.001$ ) and 9.5% vs. 22.1% ( $p < 0.001$ ). Admission delay was longer in women. In univariate analysis, in-hospital mortality was higher in women (13.59% vs. 6.13%;  $p < 0.001$ ), post-discharge mortality until one year was also higher in women (8.9% vs. 3.88%;  $p < 0.001$ ). No differences were observed for in-hospital mortality and post-discharge mortality in age-adjusted Odds Ratio (OR) (OR=0.77 [0.5-1.77];  $p=0.127$  and OR=0.78 [0.45-1.35];  $p=0.38$  respectively).

**Conclusion:** Our study suggests that older age in women explains most of the mortality difference.

## 048

### Is primary PCI feasible in nonagenarians?

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**Introduction:** The reperfusion strategy requiring primary percutaneous coronary intervention (PPCI) for ST-segment elevation acute myocardial infarction (STEMI) in nonagenarian patients remains controversial. The purpose of this study was to evaluate the results and the outcome of PPCI in patients aged 90 years old or more with STEMI.

**Methods:** We conducted a monocentric retrospective study over the past 8 years and focused on nonagenarians treated with PPCI for STEMI.

**Results:** We enrolled 34 patients with STEMI who were treated with PPCI. Mean age was  $92.7 \pm 2.5$  years, 74% were women. Cardiogenic shock was present at admission in 9 (26%) of these patients, acute pulmonary oedema was diagnosed in 10 (29%) of them and 2 (6%) had severe conduction disorder. Mean delay between symptom onset and balloon was  $92 \pm 12.7$  hours and 29 patients (83%) underwent PCI through transradial approach. Among these patients, 16 (46%) had monotoncular coronary heart disease and 31 (89%) had single-vessel PCI (3% LM, 53% LAD, 15% CX and 29% RCA). Revascularization procedure of the culprit vessel was successful in 88% of the cases (TIMI flow of 2 or 3). Bare-metal stents were implanted in 30 cases (94%) versus in 1 case (3%) for drug-eluting stents. Distal embolization occurred in 2 patients (6%) and acute coronary dissection occurred in 2 other cases (6%) but only one patient (3%) had severe bleeding despite the use of clopidogrel in 31 cases (89%) and anti-GpIIb-IIIa in 17 cases (50%). None had intra-aortic counterpulsation support. Mean cardiac troponine Ic was  $90 \pm 105$  ng/ml and mean LVEF post-PCI was measured at  $43 \pm 14\%$ . Mean hospital stay was  $4.8 \pm 4.6$  days and in-hospital mortality rate was 24%.

**Conclusion:** In our study, PPCI in nonagenarians with STEMI is successful and feasible through a transradial approach. It is associated with high rate of successful reperfusion of the infarct-related artery. These results suggest that PPCI should be offered in selected nonagenarians with STEMI.

## 049

### Coronary artery embolism

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**Introduction:** Coronary artery embolism (CAE) is a rare cause of acute myocardial infarction (AMI). The prevalence of this entity remains unknown because of its difficult diagnosis in the acute setting.

**Purpose:** To study the etiologies, angiogram findings and the treatment of CAE.

**Methods:** Retrospective analysis between 2006 and 2011 year of 6 patients diagnosed with CAE in the departement of cardiology, Habib Thameur hospital.

**Results:** We report the observations of 6 patients with AMI managed in our cardiology departement. They were 2 men and 4 women, with mean age of 52.5 years, in whom CAE had been identified as final etiology for the AMI. All patients had no risk factors for coronary artery disease. Past medical history included rheumatic mitral stenosis in all cases and mitral valve replacement in 4 patients. The electrocardiogram revealed atrial fibrillation in 5 cases, complete left bundle branch block in 2 patients and ST segment elevation in the inferior leads in 4 cases. The mean INR level of patients was 1.8 on emergency admission.

All patients had received immediately medical treatment including aspirin, clopidogrel and. Thrombolysis had been performed in 3 cases. Three patients underwent cardiac catheterization within 90 minutes of arrival. The coronary angiography was normal in 3 cases and showed a total occlusion of the right coronary artery in 1 case and a total occlusion of distal left anterior descending artery with intra luminal defect in the remaining cases. Aspiration catheter was used in 3 cases. Balloon angioplasty was performed only in 1 case. Transthoracic echocardiographic examination and transesophageal echocardiographic study demonstrated normal valvular function in all patients and signs of thrombus on the valves or in the cardiac chambers in 5 cases. All patients had a favorable outcome.

**Conclusion:** In individuals presenting with AMI, CAE should be kept in mind in those with atrial fibrillation or prosthetic valves even in the absence of classical coronary risk factors. Angioplasty using aspiration catheter may be an effective treatment of this condition. The outcome looks gratifying.

## 050

### The coronary arteries of diabetic: what strategy to support? (Series of 800 patients)

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**Introduction:** Diabetes is an independent risk factor for morbidity and mortality from cardiovascular disease, in addition to other traditional risk factors. The aim of our work is to illustrate the clinical, angiographic and therapeutic management of coronary artery disease in type 2 diabetics.

**Methods:** A retrospective study on 500 patients with type 2 diabetes who have been realized a coronarography and followed by the Department of Endocrinology and Cardiology CHU Ibn Rochd of Casablanca, between January 2009 and September 2011.

**Results:** All our patients have type 2 diabetes lasting for 10 years. The mean age was 52 years with female predominance (55%), the average HbA1c is 8.5%. Like other cardiovascular risk factors, hypertension is noted in 66.9%